

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENTIAL LIVING SERVICES (310204)

Address: 1628 N 19TH ST, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 09/15/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0095912 End Date: 10/20/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007220 Served 11/28/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)		
83.11(3)(a)	RESPONSIBILITIES		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING		
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.21(4)(r)	TREATMENT CHOICE		
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS		
83.32(2)(a)1	PHYSICAL HEALTH		
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX		
83.33(3)(e)2.b	INJECTIONS		
83.35(1)(g)	CONSULTATION WHEN RESIDENT NOT EATING		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY		
83.41(5)(d)2	HOT WATER TEMPERATURES		
83.42(1)	SAFETY-FACILITY EVACUATION TIME		
83.45(1)	ACCESSIBILITY		
83.55(4)(e)	SAFETY		

Survey ID: 0094856 End Date: 05/13/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0094461 End Date: 03/25/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009085 Served 04/09/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	05/13/2005	Yes

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CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 11/18/2005 SOD #10007220 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.05(2)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.18(1)(d)2
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.33(3)(e)2.b

Date: 04/01/2005 SOD #10009085 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 06/23/2005

Date Investigation Completed: 10/20/2005

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
11/18/05

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